impact genetics

Dynacare®

Form 1a: Informed Consent to Perform Genetic Testing for Retinoblastoma (RB) (NY)

By signing below, I acknowledge that:

1. My participation or, as applicable, my child's participation in this DNA testing is voluntary. The decision to consent to, or to refuse the above testing is entirely mine.
2. This testing is done on small biological samples.
3. It is possible that the quantity or quality of sample submitted may be inadequate for testing or that a variant cannot be identified.
4. No tests other than those authorized shall be performed on this biological sample.
5. When DNA testing shows a variant, then the person is a carrier or is affected with that condition or disease. Consulting a doctor or genetic counsellor is recommended to learn the full meaning of the results and to learn if additional testing might be necessary.
6. When the DNA testing does not show a variant, the chance that the person is a carrier or is affected is reduced. There is still a chance to be a carrier or to be affected because the current testing cannot find all the possible variants within a gene.
7. Impact Genetics will only collect, use, and disclose your personal health information as permitted/designated on the requisition/order form or required by applicable laws. For example, if necessary to obtain reimbursement of test fees, Impact Genetics, its agents and legal representatives, may disclose personal health information (including test results) for such purpose.
8. Impact Genetics is not a DNA banking facility and patient DNA samples may not be available for future testing.
9. An error in diagnosis may occur if the true biological relationships of the family members are not as stated in the pedigree submitted with the requisition/order form. It is possible that the test may disclose non-paternity (someone who is not the biological father), or some other previously unknown information about family relationships, such as adoption, and I consent that this finding be reported to the referring specialist designated on the requisition/order form.
10. There is a chance that the test may reveal unexpected abnormalities that may be of medical value in the patient's care. Impact Genetics will inform the referring specialist designated on the requisition/order form.
11. Until the results of this test are reported, the patient and members of the patient's family should still undergo examinations as prescribed by the referring specialist.
12. I have read or have had read to me, the above information and I understand it. I have also read or had explained to me the specific disease or condition tested for, and the specific test(s) I am having, including the test descriptions, principles and limitations. I have had the opportunity to discuss the purposes and possible risks of this testing with my doctor or someone my doctor has designated.

Consent for Storing a Sample

Impact Genetics is not a DNA banking facility and patient DNA samples may not always be available for future testing. However, Impact Genetics has my consent to store any surplus DNA samples indefinitely, for future clinical testing as requested by me. If "*No*" is checked or if neither box below is checked, the sample will be destroyed within 60 days after test completion.

☐ **Yes** ☐ **No**

Signature of Patient or Consenting Parent/Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____

Statement of Referring Physician

I reviewed this form with my Patient. I offered to answer any questions.

Signature of Referring Physician: _____ Date: _____

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